DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Children and Family Services
CFS-123 (Rev. 09/2001)

STATE OF WISCONSIN

LEGAL DOCUMENTS TRANSMITTAL

Records Recipient

☐ Region - Specify   ☐ Person - (Provide name)   ☐ Division of Children and Family Services
Bureau of Programs and Policies
P.O. Box 8916
Madison, WI 53708-8916

Date Records Transmitted (mm/dd/yyyy)

Name - Region / District Records Transmitted From

Name - Child   Birthdate - Child (mm/dd/yyyy)

Commitment Number

Record Information Provided To

☐ Adoptive parents   ☐ Adoptee   ☐ Other - Specify

Type of Case
☐ Non-adoption   ☐ Adoption

Records Provided

☐ Original case record *   ☐ Birth certificate
☐ Duplicate case record   ☐ Order terminating guardianship
☐ Order of guardianship   ☐ Order vacating legal custody
☐ Transfer of legal custody   ☐ Testimony
☐ Other - Specify

New Information to be Included in Closed Record

☐ Petition for release of record information   ☐ Non-identifying social history summary
☐ Court order for release of information   ☐ Post-adoption counseling information
☐ Tribal enrollment information   ☐ Updated addresses
☐ Summary of existing medical and genetic information   ☐ Change of names
☐ Other - Specify

Acknowledgement of Records Return

SIGNATURE - Person Acknowledging Records Return   Date Records Returned

YOU MAY NOW DESTROY YOUR CERTIFIED MAIL RECEIPT

INSTRUCTIONS: Records marked with an asterisk must be returned by **certified mail** within 30 days of receipt of this transmittal notice. Keep you copy of the certified mail receipt until you are notified that the records have been received by the Bureau of Programs and Policies.

All other records must be returned by **first class mail** within 30 days of receiving this transmittal notice.

Return this form with records checked to: Division of Children and Family Services
Bureau of Programs and Policies
Adoption Records Search Program
P.O. Box 8916
Madison, WI 53708-8916

This form will be dated, signed and returned to the sender.